

MY ACHING BACK

Why does my back hurt?

Most lower back pain is called, “non specific”. This means that, of the many structures in the lower back – ligaments, muscles, bones, discs, etc. – we cannot identify the one that is causing pain. In fact, most of these structures appear normal for age. Most lower back pain is a biomechanical problem – a temporary imbalance of the lower back that is self limited and will resolve on its own.

How do I know I don't have a serious illness?

Often, lower back pain resolves within two weeks. Your doctor can determine, by asking some simple questions and by performing a focused physical examination, whether your lower back pain may be something other than backache. Possibly serious medical problems cause fewer than 2% of the episodes of lower back pain.

Do I have sciatica?

Sciatica is discomfort caused by irritation of a nerve that exits the lower back and travels to the leg. It is localized and follows the recognized path of a single nerve root. Sciatica occurs in fewer than 5% of people with low back pain.

Sciatica is different from referred pain.

Referred pain is pain that occurs in one place and is felt in another place. It is not as localized as sciatica and does not follow the path of a single nerve root. Lower back pain is referred to the buttocks, upper legs or groins more than 70% of the time.

When will this go away?

Backache can be very uncomfortable. Nonetheless, you can expect some improvement within 2 weeks and significant improvement within 4 weeks. By 6-8 weeks over 90% of people with acute lower back pain will recover. This is true even if you have sciatica!

Should I have X-rays or an MRI?

Unless your doctor identifies a possibly serious underlying medical condition, pictures of your lower back are of no use and may even be misleading. Most people without back pain have changes on X-rays or MRI's of the lower back that are associated simply with aging and walking upright! Imaging is warranted when the diagnosis is uncertain, or when surgery is (rarely) being considered.

Will medication help?

Yes. Medication will relieve discomfort. The safest most effective medications for lower back pain are acetaminophen (Tylenol) and/or non-steroidal anti-inflammatory medications like ibuprofen (Advil) and naproxen (Alleve). Your doctor may prescribe a short course of other medications like muscle relaxants or opiates but these medications may have side effects and are not generally more effective than Tylenol and Advil.

Shouldn't I rest in bed for awhile?

NO. Studies show that even one day of bed rest is worse than simply resuming ordinary activities as tolerated. If your usual activities include heavy manual labor, repetitive bending or lifting, you may need to avoid these activities temporarily. You should also avoid prolonged sitting or standing (over 20 minutes) in one place without walking about for a few minutes. You may gradually resume more vigorous activities as your symptoms improve.

Just because you hurt, does not mean you are hurting your back. Your back will hurt whether you stay active or not: but it will get better faster if you stay active.

If necessary, your doctor will provide your employer with a description of your temporary limitations so that you can remain at work while you recover.

Will chiropractic or physical therapy help?

Chiropractic can help improve symptoms within the first few weeks. Physical therapy may be useful to avoid de-conditioning, to regain strength, and to learn proper body mechanics.

Will I need surgery?

Very few people with lower back pain benefit from surgery. There are a very few limited conditions where surgery may be an option if symptoms persists more than a few months. Surgery may be a consideration in fewer than 1% of people with lower back pain.

What can I do to prevent another episode?

Lower back pain often recurs but the episodes tend to be less severe and shorter than the first. The best way to avoid lower back pain is to stay fit, to avoid smoking and to be careful when you bend and lift.

Staying fit means eating a lean and healthy diet and achieving an optimum weight. Optimum weight is calculated as Body Mass Index between 19 and 25. You can find tables on the internet or in your doctor's office.

Staying fit also means exercising regularly. At least thirty minutes on most days of moderate exercise (equivalent of brisk walking) is essential. Walking at least 10,000 steps daily is a good standard. Take stairs instead of elevators. Park further from your destination. Substitute activities for T.V. – plant a garden, bowl, ballroom dance: anything that gets you off the couch and into ACTION.

Smoking reduces the blood flow to body tissues, slows healing and aggravates injuries. Speak with your doctor about the many options you have to help you QUIT!

Use common sense when lifting – especially when the load is bulky or hard to handle. Don't lift beyond your strength – ask for help. When you do lift, get a firm grasp on the load. Keep it close to your body. Bend at the knees and use your legs. Don't twist or turn and lift at the same time.

What if symptoms come back?

Treat the symptoms the same as you did the first time. If symptoms last longer than two weeks, consult your doctor.

Almost everyone has low back pain at some time in their lives. It's a part of the experience of living. It need not be more than a temporary nuisance with which we cope and move forward.